Practitioner's Docket No.

MI40-341

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

David K. Ovard et al.

Application No.: 10/081,256

Group No.: 2685

Filed: February 19, 2002

Examiner: Lana N. Le

For: "Wireless Communication Systems, Interrogators and Methods of Communication Within a Wireless

Communication System"

Assistant Commissioner for Patents and Trademarks P.O. Box 1450, Mail Stop 16, Alexandria VA 22313-1450 ATTENTION: Refund Section, Accounting Division, Office of Finance

REQUEST FOR REFUND (IMPROPER CHARGE OF DEPOSIT ACCOUNT)

I. REFUND REQUEST

This is a request for a refund, with respect to the debit to Deposit Account 23-0925, shown on the statement dated June 1, 2006 for the above-identified application.

A copy of the monthly statement, in which the error referred to occurs, accompanies this request. A copy of the May 2006 PTO Deposit Account Statement, Auto-Reply Facs mile Transmission, Fee Transmittal, accompanies this request.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

deposited with the United States Postal Service

with sufficient postage as first class mail in an

envelope addressed to the Commissioner for Patents and Trademarks, Washington. D.C.

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(type or print name of person certifying 7 TOTal

Rhonda G. Rambo

06/01/2006 WARDELRI 00/06/2006 SDENBOB1

(Request for Debit (Improper Credit of Dejiosit Account - page 1 of 2)

10081256 400.00 CR

PAGE 1/7 * RCVD AT 6/20/2006 2:06:45 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-2/7 * DNIS:2736500 * CSID:5098383424 * DURATION (mm-ss):02-34

II. FEES CHARGED FOR WHICH REFUND IS REQUESTED

AMOUNT OF REFUND REQUESTED

Improper charge for One Month Extension of Time Improper charge for Claims in Excess of Twenty

\$120.00 \$400.00

TOTAL REFUND REQUESTED

\$520.00

III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

On May 30, 2006 we filed via facsimile an office action response to the January 30, 2006 office communication. We submitted instructions on the Fee Transmittal, 5/30/06, to charge our PTO Deposit Account the total amount of \$520.00 for a One Month Exter sion of Time (\$120.00) and Claims in Excess of Twenty (\$400.00). The noted fees were charged on our PTO Deposit Account on May 31, 2006, which was correct. However, on June 1, 2006 he PTO charged our account again for the noted fees above. (See June 2006 PTO Deposit Account Statement)

Please refund our PTO Deposit Account (230925) a total of \$520.00 for the One Month Extension of Time and the Claims in Excess of Twenty which were impreperly charge on our June PTO Statement.

IV. MANNER OF REFUND

Please Credit Account No. 23-0925.

Date: 6 20 06

James D. Shaurette Reg. No. 39,333

Wells St. John P.S.

601 West First Ave., Suite 1300

Spokarie, W.1. 99201-3828

Tel. No.: (509) 624-4276 Customer No.: 021567

(Request for Debit (Improper Credit of Debosit Account)—page 2 of 2)

Page 1 of 2

Deposit Account Statement





June

Deposit Account Statement

Requested Statement Month:

Deposit Account Number:

Name:

Attention:

Address;

City: State:

Zip: Country: June 2006

230925

WELLS ST JOHN PS RHONDA RAMBO

601 WEST FIRST AVENUE SUITE 1300 SPOKANE

WA

99201-3817

UNITED STATES

	DAT	E SE	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL	
	06/0	1 26	SUBSCRIPT	ON	8001	\$6.00	\$12,213.00	
	06/0	1 47	11303736	EN7-002	2252	\$165.00	\$12,048.00	
	06/0	1 111	PAYMENT		9203		00 \$19,048.00	
	06/0	1 119		MI40-341	1251	\$120.00		
Ĺ	06/0	1 120	10081256	MI40-341	1202	\$120.00 \$400.00	\$18,928.00	
	06/0	139		MI22-2337	1201	\$400.00	\$18,528.00	
	06/01	140	10461529	MI22-2337	1202	\$250.00	\$18,128.00	
	06/01	623	10367520	MI22-2257	1801	\$790.00	\$17,878.00	
	06/01	658		MI22-2221	1801	\$790.00	\$17,08B.00	
	06/01	712	11131070	MI22-2894	1806	\$180.00	\$16,298.00	
	06/01	1084	4 09912652	30-5004 DIV2	1806	\$180.00	\$16,118.00	
	06/02		10072415	Mi30-068	1251	\$120.00	\$15,938.00	
	06/05	557	11244011	EL17-002	8021	\$120.00	\$15,818.00	
	06/08	3	10933927	MI22-2681	1201	\$200.00	\$15,778.00	
	06/06	727	10776553	MI22-2497	1801	\$790.00	\$15,578.00	
	06/07	2410	78902857	PO4-1269	7001	· · ·	\$14,788.00	
			78225411	PO4-1193	7004	\$325.00	\$14,463.00	
			78225940	PO4-1198	7004	\$150.00 \$150.00	\$14,313.00	
	06/08		90006987	104-1100	9204	\$150.00	\$14,163.00	
	06/08	532	78230465	PO4-1199	7004	-\$1,020.00	* * * * * * * * * * * * * * * * * * * *	
	06/08		78290323	PO4-1221	7004	\$150.00	\$15,033.00	
	06/08		78420620	PO4-1238	7004	\$150.00	\$14,883.00	
	06/08		78597632	PO4-1248	7004	\$150.00	\$14,733.00	
	06/08		78597645	PO4-1249	7004	\$150.00	\$14,583.00	
	06/08		78597655	PO4-1250		\$150.00	\$14,433.00	
	06/08		2054106	KE2-114	7004 7205	\$150.00	\$14,283.00	
	06/08		2054106	KE2-114	7205 7201	\$100.00	\$14,183.00	
	06/08	-	78459092	KE2-150		\$400.00	\$13,783.00	
	06/09		09643004	MI22-1358	7004 1251	\$150.00	\$13,633.00	
	6/09		10013614	MI22-1843	1251	\$120.00	\$13,513.00	
	300000		Num 4 a vi		1231	\$120.00	\$13,393.00	

h PAGE 3/7 * RCVD AT 6/20/2006 2:06:46 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-2/7 * DNIS:2736500 * CSID:5098383424 * DURATION (mm-ss):02-34

6/14/2006

Page 2 of 2

				£ 4
Deposit	Account	Statemen	#230	925

			_	CHARGES	REPLENISH	BALANCE	
				SUM OF	SUM OF	END	
						,	1-1-1-1-4
-	05/31 1	171	78896307	Pl19-102	7001		\$12,219.00
				Pl19-101	7001		\$12,544.00
			11168861	MI22-2823 (FOR MI22-3236)	8007		\$12,869.00
	05/31		10081256	MI40-341	1202		\$12,889.00
	05/31 (10081256	MI40-341	1251		\$13,289.00
	05/30		78417395	EV8-101	7003		\$13,409.00
	05/26		11402018	MI22-3052	1081		\$13,509.00
	05/26		6861326		1811	\$100.00	\$13,759.00
	05/26	9	6979631		1811	\$100.00	\$13,859.00
			78329440	PO4-1226	7003	\$100.00	\$13,959.00
	05/23		78889475	WA23-1121	7001	\$325.00	\$14,059.00
	05/23		78889420	PF2-102	7001	\$325.00	\$14,709.00
	05/23		78889364	PF2-101	7001	\$325.00	\$14,709.00
	05/22	1245	78888536	SH22-105	7003	\$325.00	\$15,359.00 \$15,034.00
	05/19	753	78529139	GO2-115	7003	\$5CO.00	\$15,859.00
	05/19	558	10912878	MI22-2647	1806	\$160.00	\$16,039.00 \$15,859.00
	05/19		78608069	KI1-109	7003	\$100.00	\$16,139.00
	05/19	350	60747606	HY4-020	2005	-\$6 000,00 \$100.00	
	05/19	71	PAYMENT		9203	\$150.00	\$10,239.00
	05/18		78500101	PO4-1241	7004	\$150.00	\$10,389.00
	05/18		78500089	PO4-1240	7004		\$10,539.00
	05/18		78277490	PO4-1211	7001	\$325.00 \$150.00	\$10,689.00
	05/18		78885979	PO4-1268	7001	\$100.00	\$11,014.00
	05/18			GE26-108	7208 7203	\$100.00 \$100.00	\$11,114.00
	05/18			GE25-108	7201 7206	\$400.00	\$11,214.00
	05/18			GE26-108	7205 7201	\$100.00	\$11,614.00
	05/18			GE26-108	8001	\$3.00	\$11,714.00
	05/18		SUBSCRIPTION		2814	\$65.00	\$11,717.00
			2 10731108	13872-B	7004	\$150.00	\$11,782.00
	05/16	_		PO4-1209	7004	\$150.00	\$11,932.00
	05/16			PO4-1208	7001	\$325.00	\$12,082.00
	05/16			OX1-156	7001	\$325.00	\$12,407.00
	05/16		·	KE8-107	7001	\$325.00	\$12,732.00
	05/16			KE8-108	7001	\$325.00	\$13,057.00
	05/16			KE8-105	7001	\$325.00	\$13,382.00
	05/16			KE8-104	2552	\$1, 50.00	
	05/16		5836527	IR1-025	1806	\$180.00	\$14,857.00
	05/15			MI22-3156 MI22-2759	8007	\$20.00	\$15,037.00
	05/15			MI22-2479 MI22-3156	1251	\$120.00	\$15,057.00
	05/18	66	10850168	MI22 2470			

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\$17,881.00

\$15,930.00

\$14,170.00 \$12,219.00

Deposit Account Statement





Deposit Account Statement

Requested Statement Month:

May 2006

Deposit Account Number:

230925

Name:

WELLS ST JOHN PS

Attention:

RHONDA RAMBO

Address:

601 WEST FIRST AVENUE SUITE 1300

City:

SPOKANE

State:

WA

Zip:

99201-3817

Country;

UNITED STATES

DATE SE	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	АМГ	BAL
05/01 13		Ml22-2095	1251	\$120.00	\$15,810.00
05/01 13		MI22-2095	1801	\$750.00	\$15,020.00
05/01 42		MI22-1853	1806	\$160.00	\$14,840.00
05/01 976		WSURF-644-CON	4011	\$75.00	\$14,765.00
05/01 977		WSURF-644-CON	2111	\$250.00	\$14,515.00
05/01 976		WSURF-644-CON	2311	\$100.00	\$14,415.00
05/01 979	11380927	WSURF-644-CON	2202	\$900.00	\$13,515.00
05/02 25	10911119	MI22-2579	1801	\$750.00	\$12,725.00
05/02 58	09827248	MI22-1684/US	1464	\$130.00	\$12,595.00
05/02 59	09827248	MI22-1684/US	1801	\$780.00	\$11,805.00
05/03 2	PCT/U\$06/0	1906	9204	-\$13.00	\$11,821.00
05/04 1	10427296	MI22-2095	1202	\$100.00	\$11,721.00
05/04 2	10427296	MI22-2095	1201	\$200.00	\$11,521.00
05/04 26	SUBSCRIPT	ION	8001	\$3.00	\$11,518.00
05/05 4	11399888	MI22-3188	1081	\$250.00	\$11,268.00
05/05 13	10072415		1202	-\$1 314.00	
05/05 14	10072415		1201	-\$810.00	\$13,422.00
05/05 81	11415621	H0011235.73595 US	1464	\$150.00	\$13,292.00
05/05 574	10852784	MI22-2578	1801	\$790.00	\$12,502.00
05/05 580	10050348	MI22-1898	1806	\$180.00	\$12,322.00
05/08 128	09521092	MI22-1370	8001	\$15.00	\$12,307.00
05/09 281	11418582	MI22-3214	1202	\$50.00	\$12,257.00
05/09 508	10636028	MI22-2233	1801	\$760.00	\$11,467.00
05/10 25	11395476	MI22-3122	1081	\$250.00	\$11,217.00
05/10 193	11236115	MI22-2925	1251	\$120.00	\$11,097.00
05/11 53	10769430	MI22-2490	1401	\$5CO.00	\$10,597.00
05/12 2	10933927	MI22-2681	1801	\$7\$0.00	\$9,807.00
05/12 66	PAYMENT		9203		\$15,807.00
05/12 156	10769430	MI22-2490	1401	\$500.00	\$15,307.00
05/15 1	10837428	MI22-2563	1814	\$120.00	\$15,177.00
10810888 A AA 14					

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aply fax to 5088383424 COMPANY:





TO:

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IN THE UNITED STATES PAYENT AND TRADEMARK OFFICE

Mail Stop Amendment Assistant Commissioner for Peterus P.O. Box 1450 Alexandria VA 22313-1450

CERTIFICATE OF PACSIMILE TRANSMISSION UNDER 17 CFF 1.0

I hereby cently that the following papers are being facelings (renamitted to the Palent and Trademark Office at (571) 273-5300 on the date shown feature.

- Transmittal Form (PTC/SS/021) & Fee Transmittel (PTC/SS/17) in duplicals Petition for Extension of Time in duplicate Response to 1/30/2008 Office Action

Dened: 6130/06.

Lori Paulus Telephone Nc. (509) 524-4276 Facsimile No. (509) 838-34.:4

Number of Pages of Pageimile: 49

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PTO/SB/17 (01-05)

Approved for use throug a 07/31/2006, OMB 0651-0032
U.S. Palent and Trademank Office; U.S. DI PARTMENT OF COMMERCE

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FEE TRANSMITTAL For FY 2006 Applicant claims email entity status. See 37 CFR 1.27 Applicant claims email entity status. See 37 CFR 1.27 Applicant claims email entity status. See 37 CFR 1.27 Applicant claims email entity status. See 37 CFR 1.27 Applicant claims email entity status. See 37 CFR 1.27 Art Unit 2885 Attorney Docket No. MI40-341 Check Credit Card Money Order None Other (please identify): Deposit Account Number 22-0826	dan summer to ten Changitidasa.	18).				yn		
For FY 2006 Applicant claims email entity status. See 37 CFR 1.27 Applicant claims email entity status. See 37 CFR 1.27 Applicant claims email entity status. See 37 CFR 1.27 ACTUAL AMOUNT OF PAYMENT (\$) 520.00 Altomay Docket No. Mil40-341 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 23-0925 For the above-identified deposit account, the Director is thereby eutrorized to: (check all that apply) Charge ency additional fee(e) or underpayments of fee(s) Charge fee(s) indicated below. The Time of the transfer of the tentor of the filling fee Charge fee(s) indicated below. The filling fee Charge ency additional fee(e) or underpayments of fee(s) WASHING: Information on this form may become public. Credit and information about not be included on this form. Provide credit eard information and euthorization on this form may become public. Credit and information and euthorization on the form may become public. Credit and information and euthorization on the form may become public. Credit and information and euthorization on the form may become public. Credit and information and euthorization on the form may become public. Credit and information and euthorization on the form may become public. Credit and information and euthorization on the form may become public. Credit and information and euthorization on the form may be accome public. Credit and information and euthorization on the form may become public. Credit and information and euthorization and euthorization on the form may become public. Credit and information and euthorization and eutho		I An						
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TOTAL AMOUNT OF PAYMENT (\$) \$20.00 Alterway Docket No. Mid-0-341	Academia de la composição	titu etalus	See 37 CER 1 27	Ex	eminer Name	Lana N. I	<u>.e</u>	
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify):	Appacant daims smail en	tuty status.	See 37 OFK 1.27	A1	Unli	2685		
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 23-1925 Deposit Account Name Wells St. Jrhn P.S.	TOTAL AMOUNT OF PAYME	NT (\$)	520.00	- All	orney Docket No.	MI40-341		
Deposit Account Number: 23-0925 For the above-identified deposit account, the Director is hereby suthorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Indicated below, except for the filing fee Indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Indicated below, except for the filing fee Indicated below, except for the filing fee Exal Link of the filing fee	METHOD OF PAYMENT (check all	thal apply)			,	· · · · · · · · · · · · · · · · · · ·	
For the above-identified deposit account, the Director is hereby authorized to: (check ell that apply) Charge fee(s) indicated below	Check Credit Ca	rd N	Ioney Order	None	Other (please	idenzify):		
For the ebove-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except feel indicated below, except feel Charge feel (s) indicated below, except feel Charge fee(s) indicated below, except feel Charge fee(s) indicated below, except feel Charge fee(s) indicated below indicat	Deposit Account Depo	osit Account	Number: 23-0925		Deposit Account	Name: Well	St. Ju	hn P.S.
Charge any additional fee(s) or underpayments of fee(s) WARNING: Information on the form may become public. Credit and information should not be included on this form. Provide credit eard information and authoritation on PTO-2038. FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES FRUING FEES SEARCH FEES Small Entity Application Type Fae (3) Fee (4) Fe	For the above-identified	d deposit a	ccount, the Director I	s hereby	authorized to: (che	ck all that ap	ply)	
WARNING: information and its form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.) 1. BASIC FILING, 6EARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (3) Fee (3) Fee (3) Fee (3) Fee (4) Fee (5) Fee (5) Fee (6)						(s) indicated	below, ¢x	capt for the filing fee
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Simplification Type Fee (5)	FEE CALCULATION (All	the fees l	below are due upo	on (Illing	or may be sub	ect to a su	charge	.)
Simplification Type Fee (5)	1. BASIC FILING, SEARC	H. AND	XAMINATION FE	ES				
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	Name (Print/Type) James D. S.	haurella			ALTERNATION I		Dau	5/30/06

This objection of information is required by 37 CFR 1.128. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for retaining this burden, should be sent to the Crief Information Officer, U.S. Peparinent of Commerce, P.O. Box 1450, Alexandris, VA 22313-1450, DO NOT SEND FEES CR COMPLETED FORMS TO THE ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select.opt >n 2.

PAGE 7/7 * RCVD AT 6/20/2006 2:06:46 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-2/7 * DNIS:2736500 * CSID:5098383424 * DURATION (mm-ss):02-34